

## MAIL TO:

Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470  
Telephone: (916) 445-2021

## WEB SITE ADDRESS:

<http://ag.ca.gov/charities/>

# ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code  
11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

RECEIVED  
Attorney General's Office

State Charity Registration Number

002362

Travelers Aid Society of Sacramento, Inc.

Name of Organization

2251 Florin Road

Address (Number and Street)

Sacramento, CA 95822

City or Town, State and ZIP Code

Check if:

☐ Change of address☐ Amended report

Corporate or Organization No.

Federal Employer I.D. No.

94-1167423

## ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)

Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between 100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

## PART A - ACTIVITIES

For your most recent full accounting period (beginning 7/1/2008 ending 6/30/2009) list:Gross annual revenue \$ 576,902 Total assets \$ 130,562

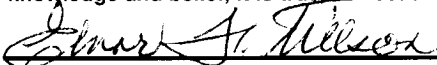
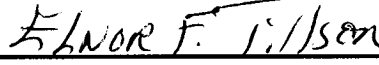
## PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.	X	
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X	

Organization's area code and telephone number (916)399-9646Organization's e-mail address n/a

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.


Printed Name

Title

Date

145844

475

RRF-1 (3-05)

**FUNDING LIST  
TRAVELERS AID EMERGENCY ASSISTANCE AGENCY**

**HUD / COUNTY OF SACRAMENTO**

**Carolyn Martinez**  
Department of Human Assistance  
2433 Marconi Avenue  
Sacramento, CA 95821  
(916) 875-3696

**SACRAMENTO EMPLOYMENT AND TRAINING AGENCY (SETA)**

**Pattye Dowing**  
SETA  
925 Del Paso Blvd., Suite 100  
Sacramento, CA 95815  
(916) 263-3838

**EMERGENCY FOOD AND SHELTER PROGRAM (FEMA)**

**Alan Lange**  
Community Service Planning Council  
909 12<sup>th</sup> Street, Suite 200  
Sacramento, CA 95814  
(916) 447-7063 ext 360

**SMUD**

**John Grindrod**  
SMUD  
6301 S. Street  
Sacramento, CA 95817  
(916) 732-5279

**ANN LAND**

**Ilee Muller**  
City Manager's Office  
915 I Street, 5<sup>th</sup> Floor  
Sacramento, CA 95814  
(916) 808-7213